

APPENDIX F - AUDIT TRAIL

A. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.
3. Method of payments (check one):

☐ Payments for all waiver and State plan services will be made through an approved Medicaid Management Information System (MMIS).

☐ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail, including the billing process for all State and Federal funds expended and under which payments will be made to providers is attached to this Appendix.

☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail, including the billing process, for all State and Federal funds expended.

☒ Other (Describe in detail):

Prepaid capitated payments will be made to contracted Care Management Organizations for all Medicaid state plan and home and community based services in the Family Care benefit package that are provided to enrollees.

B. BILLING PROCESS AND RECORDS RETENTION

- The WI State Medicaid agency will pay one monthly capitated payment per eligible enrollee to the CMO, which will provide or arrange for the provision of all necessary covered services. The CMO will provide data on all services provided to CMO enrollees in the form of service-level detail information.
1. The State assures that all claims for payment of waiver services are made only:

Family Care Aged / Disabled

- a. When the individual was eligible for Medicaid waiver payment on the date of service;
- b. When the service was included in the approved plan of care;
- c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

 X Yes

 No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

 X All claims are processed through an approved MMIS.

 MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

C. PAYMENT ARRANGEMENTS

1. Check all that apply:

 X The Medicaid agency will make payments directly to Care Management Organizations who will pay qualified providers of waiver services in their network.

 The Medicaid agency will pay qualified providers through the same fiscal agent used in the rest of the Medicaid program.

 The Medicaid agency will pay qualified providers through the use of a limited fiscal agent who functions only to pay waiver claims.

 Qualified providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Family Care Aged / Disabled

Identify at least one waiver service provided by this qualified provider:

_____ Qualified providers may voluntarily reassign their right to direct payments to the following non-governmental agencies (specify):

Identify at least one waiver service provided by this qualified provider:

_____ Qualified providers who choose not to voluntarily reassign their right to direct payments will not be required to do so and may bill directly. Direct payments will be made using the following method:

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.